
NEEDLE CRICOTHYROTOMY

FIELD ASSESSMENT/TREATMENT INDICATORS

Upper airway obstruction with severe respiratory distress
Unable to ventilate utilizing conventional airway maneuvers or devices

ABSOLUTE CONTRAINDICATION

Less than 2 years of age

PROCEDURE

1. Support ventilations with appropriate basic airway adjuncts. Use in-line cervical stabilization as needed. Explain procedure to a conscious patient.
2. Assemble appropriate equipment and pre-oxygenate prior to attempting procedure.
 - a. Locate the soft cricothyroid membrane between the thyroid and cricoid cartilage
 - b. Insert appropriately sized needle and verify position (an approved needle cricothyroid device may be utilized per manufacture guidelines)
 - i. Adult 10-15 ga needle
 - ii. Pediatric 12-15 ga needle
 - c. Per manufacturer's recommendation, attach cannula adapter to BVM or use Translaryngeal Jet Ventilation (TLJV) device and ventilate with either BVM or TLJV (one second on three seconds off)
 - d. Assist with exhalation, if needed, by intermittently pressing downward and upward on chest wall. Consider adding a 3-way stopcock or y connector inline to facilitate exhalation
3. Document verification of needle placement
4. Monitor end-tidal CO₂ and/or pulse oximetry, and chest expansion
5. Contact Base Hospital if unable to adequately ventilate patient, and transport immediately to closest hospital for airway management.

DOCUMENTATION

Upon arrival at the receiving hospital, the Advanced Skills Evaluation Form on the back of the yellow copy of the OIA Form or electronic equivalent must be filled out and signed by receiving physician. This form must then be forwarded to ICEMA within one week by either the PLN at the receiving facility if it is a Base Hospital or by the EMT-P's Agency EMS/QI Coordinator.